

THE DIVISION OF HEALTH OF MISSISSIPPI STANDARD CERTIFICATE OF DEATH

32333

State File No.

FILED OCT 7 1952

BIRTH NO.		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>2787</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston-Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paragould</u>		8030	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hy 60 near Charleston</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) <u>Gwynn</u>		a. (First)		b. (Middle)		c. (Last) <u>Henderson</u>	
4. DATE OF DEATH <u>8/29/1952</u>		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 1939</u>		9. AGE (In years last birthday) <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Schoolgirl</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Paragould, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Rufus Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Watson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Parrott, Cairo, Illinois</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died in Automobile accident of injuries to head and chest</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Few minute</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Hy. 60</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Charleston</u> (COUNTY) <u>Mississippi</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY <u>8/29/1952 6 A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto-truck collision</u>			
22. I hereby certify that I attended the deceased from <u>AS CORONER</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>8/29/52</u>			
24a. DATE OF REMOVAL (Specify) <u>5</u>		24b. DATE <u>8/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paragould, Ark.</u>		24d. LOCATION (City, town, or county) (State) <u>Paragould, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>9/30/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10.48

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OCT 1 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed OCT 6 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lester C. Marchildon

Licensed Embalmer No. 8332 Illinois

P. O. Address Cairo Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.